

TRAVEL EXPENSE CLAIM

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CLAIMANT'S NAME William Douglas Hoffner				SSAN OR EMPLOYEE NUMBER*				DEPARTMENT Labor & Workforce Development Ag							
POSITION				BARGAINING UNIT				DIVISION OR BUREAU Labor & Workforce Development Agency				EMPLOYEE MIC or 4-DIGIT MAIL SERVICES CODE E 25			
RESIDENCE ADDRESS*				HEADQUARTERS ADDRESS 801 K Street, Suite 2101				TELEPHONE NUMBER 916-327-9064							
CITY CA				STATE CA				ZIP CODE 95814							

(1) MONTH/YEAR 04 2009	(2) DATE Date Time	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
				BREAKFAST	LUNCH	O.T., L.T., RELO or DINNER		(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE Miles Amount			
3	1300 1600	Sacramento							PC		14.9	\$8.184		8.184
4 SAT	0630 1430	Elk Grove to Fresno to Elk Grove							PC		314	\$172.502		172.502
13	0630 1700	Elk Grove to Fresno to Elk Grove							PC		307	\$168.707		168.707
20	0630	Elk Grove to Sac Airport/flight to							A					
20	2115	Orange - return Sac Airport to Elk Grove Southwest Airlines Contract Enterprise Car Rental Contract				18.00		7.61	RC PC	9.00	22	\$12.122		46.732
(10) SUBTOTALS						18.00		7.61		9.00	657	\$361.515		\$396.13
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL														continued

(11) PURPOSE OF TRIP: REMARKS AND DETAILS (Attach receipts/vouchers when required)	(11A) Summary						(12) NORMAL WORK HOURS
	Description/ Cost Center	Exp. Code	Debit Amount	Project Code	Activity Code	For Fiscal Use Only	
	4/3 Sac Works One-Stop Career Ctr press event highlighting EDD's initiatives for UI						
	4/4 EDD Job Services in Fresno for press event highlighting EDD's initiatives for UI						
4/13 Fresno City College press event Governor's Allied Health Initiative							(13) PRIVATE VEHICLE LICENSE
4/20 EDD call center in Buena Park press event highlighting EDD's public services							(14) MILEAGE RATE CLAIMED \$0.550
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.	Total						Document Reference
						Prepared By	AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER

CLAIMANT DATE 4/29/09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE 2
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)	DATE

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